First Aid Skills Evaluation

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury/Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attempt: #1 #2

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| --- | --- | --- |
| MUST-SEE STEPS | DETAILS | AdvancedProficientEmergingNovice |
| Check the Scene | * Is it safe?
* How many ill or injured people are there?
* Is there someone to help me?
* Is there someone who looks to be unconscious?
* Personal protective equipment
* Obtaining consent
 |  |
| Ask the SAMPLE questions that apply: | * S = Signs and symptoms

How do you feel? Do you feel any pain?Does anything feel different?* A = Allergies

Are you allergic to anything?* M = Medications

Do you take any medicine? What is it for?* P = Past medical history

 Do you have any medical conditions? Has this happened before?* L = Last meal

When did you last eat? What did you eat?* E = Events leading up to the emergency

What happened? |  |
| Scan/Examination | * Head to Toe
* Toe to Head
 |
| Care | * Successfully cared for the injury/illness without leaving any critical steps out.
 |  |

